

MAILING LIST AND DISKETTE ORDER FORM

Kentucky Board of Chiropractic Examiners

P.O. Box 183

Glasgow, Kentucky 42142-0183

Phone: (270) 651-2522

Fax: (270) 651-8784

☐ **DISK (\$35 each)**

Choose: ☐ Excel format
 ☐ CSV format

***DISKETTE REQUESTS ARE NOT CUSTOMIZED ***

Field names appear on the first row; standard available fields are on each disk.

☐ **HARD COPY LIST (\$35 each)**

Choose: ☐ Hard Copy Printout
 ☐ Mailing Labels (includes only name and address)

Choose the order you want the list printed in:

☐ Alphabetical by last name
☐ Zip Code
☐ City
☐ County

Choose the fields you are requesting (check all that apply):

<input type="checkbox"/> License Number	<input type="checkbox"/> Graduation Date	<input type="checkbox"/> Disciplinary Actions
<input type="checkbox"/> Name	<input type="checkbox"/> Office Phone	<input type="checkbox"/> County
<input type="checkbox"/> Office Address	<input type="checkbox"/> Issue Date	<input type="checkbox"/> Facility Name
<input type="checkbox"/> Chiropractic College	<input type="checkbox"/> Expiration Date	<input type="checkbox"/> Specialty

☐ **EMAIL LIST (\$35 each)**

Choose: ☐ Excel format
 ☐ CSV format

*** EMAIL REQUESTS ARE NOT CUSTOMIZED ***

Field names appear on the first row; standard available fields are included.

Mail disk/list to:

Attention _____

Company Name _____

Address _____

City, State _____

Zip _____ Phone _____

Email list to: _____

**Please allow 2 weeks for processing.
Payment must accompany request.**

Credit Card #:

Exp. _____ / _____ (MO/YR)